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and are always ready to guard and defend it."

—DANIEL WEBSTER.

BULLETIN

of the
Mahoning
County
Medical
Society

Vol. X
July

No. 7
1940

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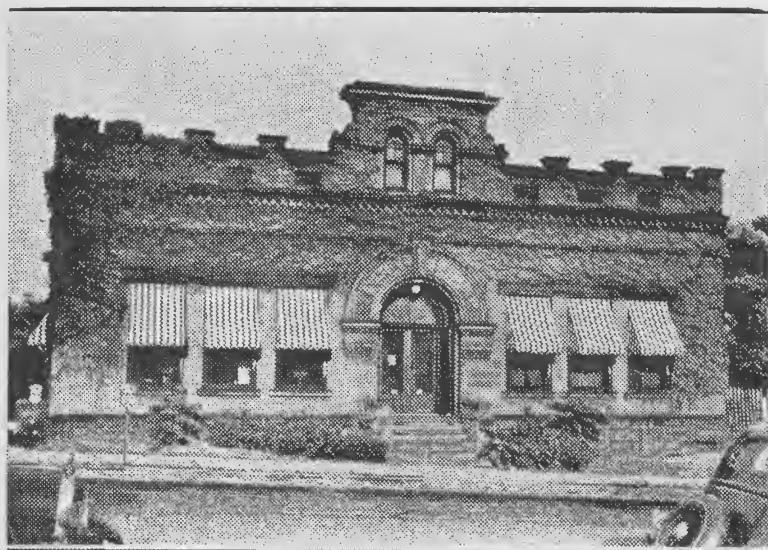
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PRESIDENT'S PAGE

The function of the American Medical Association was very nicely and briefly detailed in the June number of *The Bulletin* by Dr. Claude B. Norris—one of the delegates to the A. M. A. annual convention. It would be well for each member to read this discussion in order to more fully understand the operation of the national association.

It is self evident that the scope of activities is very broad and touches with a guiding hand many phases of medical practice. It is our central organization and deserves the recognition and respect of its membership. The American Medical Association is an organization for the welfare of the general public as well as its own constituents. The influence that it offers and extends is far reaching. The sick of this country are benefited because of the general overseeing manifested by the ability of the national organization to prevent certain irregularities within its own ranks.

Once again the vacation period is at hand, and there is a lull in the Society's activities. It is the time when everyone is supposed to find respite from his labors for at least a brief period. This should be done either during the summer or at some other time and at least once during the year. Time out for general relaxation, change of scenery, freedom from constant agitation and beckoning calls is necessary for all who are engaged in the practice of medicine. We must not forget that nature needs the opportunity to promote healing processes in the doctor as well as in his patients.

R. B. POLING, M. D.,
President.

BULLETIN

of the
Mahoning County Medical Society

JULY

1940

Editorials---**Great A. M. A. Session**

The Session of the American Medical Association, held in New York, June 10th to 14th, deserves many descriptive superlatives. It was the largest gathering of medical men ever held in the history of medicine. More than 12,000 doctors were present. The local committee under the leadership of Dr. Charles Gordon Heyd, was courteous and helpful, the exhibits, commercial and scientific, were very large, well organized, and the program, both in the sections and in the general meetings, was one of the finest ever presented to any medical body.

The House of Delegates labored hard, in long sessions and in Committee deliberations. Business moved along smoothly as always, but pervading the atmosphere was a soberness of attitude that revealed deep concern. This is not to suggest gloominess nor despair, but rather a genuine realization that medicine has a great responsibility in this perilous time. Nevertheless, one sensed, also, that the leaders of organized medicine there in the House of Delegates of the A. M. A., are true, trustworthy friends of their fellow practitioners, and lovers of humanity; and that no sacrifices for their country are too great if and when it becomes necessary to make them.

The actions of the House of Delegates included organization of the entire Medical Profession for instant service if a crisis should come. Plans are being made for full coöperation for national defense. More details will be found elsewhere in this issue.

Besides this, other subjects engaged the earnest attention of the Delegates,

and it is important that the entire Profession shall be familiar with these. It would be well, therefore, for all of us to watch for reports of proceedings, which will appear soon in the Journal of the A. M. A., and, also, in our State Medical Journal, and study them with care. In this way only, may we understand, appreciate, and support medicine in the great tasks ahead.

It is pleasant to report that three delegates from Ohio were placed on important reference Committees of the House. Among these, deserving special mention, was Dr. Ben R. McClellan, of Xenia, appointed chairman of the Committee on Reports of the Board of Trustees and Secretary. Dr. McClellan this year rounds out forty years of continuous service in the House, a real record-breaker for continuous service.

Our state organization shared with Dr. Parke Smith, former president of the Ohio State Association, his well-deserved honor in being elected vice-president of the American Medical Association. Thus does high merit receive well earned distinction.

Recess

The good old summer time is here—note we said “good old summer TIME”—but where’s the summer? Anyway, we’re supposed to rise above environment—we’re supposed to be the masters of our fate, the captains of our souls—and all that.

These psychology fellows tell us to smile, smile, smile! After while we glimpse ourselves in some mirror and the clown-we-see tickles the pants off of us. Or else we just pass out in horror, and get relief that way

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instead of 'tother. Oh, well, it all comes to the same thing.

Now, of course, we can lick those Germans bare (or was it "bear"?) handed if need be. Yep; billions of us would leap to arms outright—except for two things: first, there aren't that many of us; and second, we're too busy dreaming dreams, or wishing nice things, or being scairt we won't get our cost-plus-ten-percent, or just being plain scairt.

Now let's put this sort of thing on the shelf for a few weeks, and get out and cut up! When we come back to work this Fall we'll take some Thursday P. M. (or is it Wednesday?) and tie a knot in the tail of Mongrel Hitler and that dagger thrusting Jackal, known as Mussolini—and maybe take on a passel of wild-cat Stalin's while we're at it, just to make it worth while. Natchelly, we aren't bragging, no, suh!

NATIONAL DEFENSE PLANS

The plan for the procurement of professional services for the Medical Corps of the Army, as submitted to the House of Delegates of the A. M. A. by the Army Surgeon General, and presented by Dr. G. C. Dunham, army delegate, is as follows:

1. The American Medical Association to be asked to conduct a survey of the medical profession through its state and local societies.

2. The local or county societies to canvass their members to determine of those who express a willingness to serve, who should be available for the military service and who, on account of their age, physical disability, or commitment in civil capacities should remain at home.

3. The county society to give to each one who expresses his willingness to serve, even though he may be selected to remain at home, a button similar to that which was designed for the Volunteer Medical Service Corps during the last war.

4. The county societies to list those who are selected for the military service according to their professional qualifications, listing as surgeons, psychiatrists, etc., only those who are members in the national specialists' organizations. Also, to select from those who are to remain at home, qualified men for examination boards.

5. The state societies to maintain an available roster of their members.

6. The American Medical Association to maintain a numerical roster of availability by states.

7. The Medical Departments of the Army to have one or more select-ed officers on duty at headquarters of A. M. A. in Chicago.

8. The War Department, Corps Areas, or regional officers to call upon the A. M. A. for physicians or specialists, as and when required.

9. The American Medical Association to call upon the states, according to their quotas, for the physicians required.

10. The state, in turn, to call upon its local societies for its quota of physicians.

"In the quotas, credits would be given for sponsored units, and preference would be given to reserve officers wherever their qualifications warrant.

Distributes Load

"It appears that in the event of a national emergency of great magnitude that it would be very necessary to conserve the medical profession. This plan would distribute the professional load and, if properly administered, should prevent the stripping of rural and isolated communities of their necessary medical personnel.

"There could be an extension of this plan to cover the training program for technicians. The same societies could conduct a survey of the

teaching institutions to determine their availability and suitability for the training of such enlisted specialists as would be required. Rational medical service for civilian groups in war industries could be coördinated by the same administrative units."

A. M. A.'s Resolution

The House of Delegates, in support of the Surgeon General's tentative plan, adopted the following resolution:

"WHEREAS, The ravages of war again pervade many of the nations and peoples of the world; and

WHEREAS, The President of the United States has indicated to the nation and to the Congress the desirability of military preparedness so that our people may successfully resist attempts to substitute other forms of government for the democracy established by the constitution of our country; and

WHEREAS, Organization of the nation for preparedness involves from the first the complete coöperation of the physicians of the country for

1. Medical services in the Military, Naval, Aviation, and Veteran's administrations;

2. Selection of men physically fit to serve with such agencies; and

3. Rehabilitation of those not physically qualified to participate in military activities; and

WHEREAS, Preparedness demands also

1. Medical service to the industrial workers engaged in war industries;

2. Continuance of medical care of the civilian population;

3. Education of young men to qualify them for medical service; and

WHEREAS, The American Medical Association now embraces in its membership more than 117,000 of the licensed physicians of the United States; and

WHEREAS, The headquarters

facilities of the American Medical Association has available

1. Complete records of all qualified physicians in this country, with data necessary to determine largely their availability for military or other services;

2. Complete information concerning facilities for education in medicine, the medical specialties, and other medical activities;

3. Complete information concerning the hospitals of the United States;

4. The necessary facilities for making prompt contact through addressing devices periodicals, and constituent bodies with all medical personnel and medical agencies; and

WHEREAS, Only in the headquarters of the American Medical Association, as far as is known, are such information and facilities available; and

WHEREAS, The American Medical Association is not only the largest but also the only organization containing in its membership qualified physicians in every field of medical practice; and

WHEREAS, During the World War of 1914-1918 the American Medical Association aided in making available the services of more than 60,000 physicians for military and related activities; therefore be it

Resolved, that the House of Delegates authorize the Board of Trustees to create a Committee on Medical Preparedness, to consist of seven members of this House, with the President of the Association, the Secretary of the Association, the Secretary of the Board of Trustees, and the Editor as ex-officio members; and be it further

Resolved, That this Committee establish and maintain contact and suitable relationship with all governmental agencies concerned with the prevention of disease and care of the sick, in both civil and military aspects, so as to make available at the earliest

possible moment every facility that the American Medical Association can offer for the health and safety of the American people and the maintenance of American democracy."

Committee Named

The committee, to be under the chairmanship of Dr. Irvin Abell, of Louisville, includes Drs. Stanley H. Osborn, Hartford; Walter G. Phippen, Boston; Harvey B. Stone, Baltimore; James E. Paullin, Atlanta; Fred W. Rankin, Lexington; Roy W. Fouts, Omaha; Sam E. Thompson, Kerrville, Texas; Charles A. Dukes, Oakland; and John H. O'Shea, Seattle. Ex officio members are: Drs. Van Etten, Olin West, Arthur W. Booth, Austin B. Hayden, and Morris Fishbein.

Youngstown Hospital Plans Exhibits

Dr. A. E. Brant, President of the Staff of the Youngstown Hospital, is organizing Committees to prepare for Exhibits of the Hospital's work to be put on display next autumn. A meeting of the Special Exhibits Committee met May 28th. These exhibits will be in part for doctors and nurses—but an unusual and valuable part will be for the pleasure and education of the public.

SECRETARY'S REPORT

The regular June Council meeting was held at the home of Dr. Elmer Nagel on the seventeenth of the month.

The regular monthly meeting was held June 18, 1940, at the Youngstown Club. Dr. R. H. Freyberg was the guest speaker.

After the regular monthly meeting Council held a special meeting.

The following applications for membership in the Society have been approved:

Unless objections in writing to

any of these applicants is filed with the Secretary within 15 days, they will become members.

Active Members

Dr. John Evans Allgood, Jr.
Dr. Frederick S. Coombs, Jr.
Dr. Stephen Goldcamp

Associate Member

Dr. John Howard Thomas

DR. FREYBERG ON ARTHRITIS

Nothing endangers scientific progress in medicine more than too ready acceptance of inadequately tested cures, unless perhaps it be stubborn unwillingness to consider anything new or different. As usual, it is the middle course that is likely to be the safe one. This idea is suggested in what Dr. R. H. Freyberg, University of Michigan, in his address before the Society, Tuesday evening, June 18th, said about Arthritis.

Dr. Freyberg took as his subject "A Critical Appraisal of Some Adjuncts in the Treatment of Chronic Arthritis." Selective use of gold compounds is of value, he thinks, but not too much dependence can be placed upon such compounds, as gold and sulphur. Rest, heat, and building up the general health are still the most generally effective measures.

Dr. Freyberg's discussion was highly instructive, and his presence was greatly appreciated. His address brings us to the summer recess.

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and
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In Memoriam

Leland Eldorus Phipps, M. D.

August 29, 1884—June 2, 1940

(Two former associates and friends of Dr. Phipps submit brief appreciations)

By H. E. PATRICK, M. D.

Our Society, once again, is forced to delete a name from its roster; that of Leland Eldorus Phipps, who died suddenly, June 2nd, 1940.

Dr. Phipps was a member of the 1908 Class of the University of Michigan, Department of Medicine. Through the influence of Dr. Reuben Peterson, he came to the Youngstown Hospital as interne, serving for the year 1908-09. He then went to Chicago and for a period of nearly ten years, was assistant to Dr. Carl Beck, at the same time being engaged in private practice in the city.

When the Base Hospital left Youngstown in 1917, Dr. Phipps came on and took over the office of Dr. M. P. Jones, but he too joined the medical corps shortly afterward and served until the close of the war.

On his return from war service, he officed at 224 N. Phelps St., with Drs. Allison and Patrick for six years, then removing to the Huxley Building. During these years, he developed a type of medical work, unique in the history of medical practice in Youngstown. Expert medical testimony in personal damage suits had become an ugly morass. Into this Dr. Phipps stepped and by sheer

honesty with litigants, lawyers and attending physicians, brought expert medical testimony to a high plane. His early training with Dr. Beck in surgical anatomy provided an excellent background for this type of practice.

Dr. Phipps was a voracious reader and out of a wide reading developed a personal philosophy that accentuated the individualism of his personality. Like Voltaire, he might not agree with you, but he would defend unto death your right to say it.



Dr. Leland E. Phipps

Individualist in death as in life, he made an unique proviso for his burial. Feeling, as he must have many times, that the modern obsequies are an ordeal to the widow and but accentuate for little children the sorrow attendant upon death, he asked, like the Hebrews of old, to be interred before a second sun had set.

Those of us who have known Dr. Phipps as student, interne, practicing physician and revered companion will feel the loss keenly. The community will have lost a force for betterment, but the effects of his efforts will live on in the improvement of the work to which he devoted so many years.

July

LELAND ELDORUS PHIPPS, M. D.**By SIDNEY McCURDY, M. D.**

Each person must adjust himself to reality as he construes it and understands it. A philosophy of life has to be formulated in order to correlate one's relationship to environment. The course one pursues is intimately associated with heredity and opportunity.

Dr. Phipps inherited a fine ancestral background. He was prepared for service in excellent surroundings and with useful contacts. His early education was received in Elyria, Ohio, where he was born in 1884. His medical degree was granted him at the University of Michigan in 1908. He became at once an interne at the Youngstown Hospital and served with a friend, the late Dr. M. P. Jones. It was here that I first met him. I can visualize Phipps as he was then. He was a fine appearing young man. He was as straight and tall as a mast upon a vessel, ready to set sail upon his medical career. He had a keen sense of humor and displayed evidences of a fearless intellect. He readily adapted himself to his position and served his hospital industriously and with integrity.

In 1909 he became associated with Dr. Carl Beck of Chicago as Junior Surgeon. He assimilated much knowledge from this training and two years later established himself in that city.

Dr. M. P. Jones, who had enlisted in Base Hospital 31, left Youngstown in 1917 and Dr. Phipps returned to carry on his practice. This he continued to do until he also enlisted in the Medical Corps of the Army. He was first trained at one of the camps but the bulk of his medical army service was at Washington in the Walter Reed Hospital. He returned to Youngstown when honor-

ably discharged, and reopened an office in association with the late Dr. Karl Allison.

Dr. Phipps' surgical experience with Dr. Buechner, Dr. Beck, and in the Walter Reed Hospital now stood him in good stead. His expert knowledge was utilized greatly in the courts by the attorneys who were trying to determine the damages in personal injury suits. At the time of his death he was surgeon for many companies, notably the General Fireproofing Company and the Ohio Edison. The Veterans' Bureau employed him as their examiner along with many other life and casualty companies.

Dr. Phipps was a member of the Mahoning County Medical Society, The Ohio State Medical Association, and the American Medical Association. He was a member of the Staff of the Youngstown Hospital. Socially he was a golfer at the Youngstown Country Club and a member of the Elks and American Legion.

He was a great home and family man. He enjoyed the company of his wife and three children. He liked to entertain his friends in his home. He read a great deal and his knowledge of current literature was always up-to-date.

Dr. Phipps had the courage of his convictions. His philosophy of life seemed sound to him. He used his powers of reasoning and trusted the conclusions that his brain dictated. In life he was not given to ostentation and in death he desired to be appraised for what he was.

Dr. Phipps has departed from our daily life but there will always remain in our minds pleasant memories of a fine personality. He contributed much to our happiness as we explored with him life's adventures.

"A Toast to the Flag"

By JOHN J. DALY

*Here's to the Red of it—
There's not a thread of it,
No, nor a shred of it
In all the spread of it
From foot to head
But heroes bled for it,
Faced steel and lead for it,
Precious blood shed for it,
Bathing it Red!*

*Here's to the White of it—
Thrilled by the sight of it,
Who knows the right of it,
But feels the might of it
Through day and night;
Womanhood's care for it,
Made manhood dare for it,
Purity's pray'r for it
Keeps it so White!*

*Here's to the Blue of it—
Beauteous view of it,
Heavenly hue of it,
Star Spangled dew of it,
Constant and true;
Diadems gleam for it,
States stand supreme for it,
Liberty's beam for it
Brightens the Blue!*

*Here's to the Whole of it—
Stars, Stripes and goal of it,
Body and soul of it,
O, and the roll of it,
Sun shining through;
Hearts in accord for it
Swear by the sword for it,
Thanking the Lord for it,
Red, White and Blue!*



Maybe a few people think this way:

"Down in Wall Street brokers already are suggesting that with Hitler ruling the world it might be wise for the United States to begin warming up to him."—Pearson and Allen, *Vindicator*, June 20, 1940.

But the most of us feel like this:

"Is life so dear or peace so sweet as to be purchased at the price of chains and slavery? Forbid it, Almighty God! I know not what course others may choose, but as for ME give me LIBERTY or give me DEATH!"
—Patrick Henry.

The Mahoning County Medical Society's Annual Golf and Field Day

WEDNESDAY, JULY 24 - SOUTHERN HILLS COUNTRY CLUB

Golf from noon on - Prizes for all - Also Baseball

Clay Pigeons - Ping Pong - Galloping Dominoes!

Chicken Dinner at 7:00 - \$1.75

Golf - \$1.50

You are cordially invited to come early or late and enjoy yourself.

Former Internes' Program

The 1940 Reunion of Former Internes of YOUNGSTOWN HOSPITAL will be Thursday, July 18th, 9:00 A. M.—South Side Unit of Youngstown Hospital—for Clinical Session and General Inspection.

LUNCHEON FURNISHED AT NOON

(IT IS ON THE HOUSE)

PROGRAM

Abdominal Surgery.....Dr. A. E. Brant
Orthopedic SurgeryDr. R. R. Morrall
Thoracic SurgeryDr. J. P. Keogh
Medical Clinic conducted by Doctors John Noll and Morris Deitchman
X-Ray Demonstration.....Dr. E. C. Baker

Clinical Program

Common Ano-rectal Diseases.....Dr. P. J. Fuzy
Diagnosis and Treatment of Gout.....Dr. Fred Coombs
Early Ambulatory Activity following Abdominal Surgery, a prevention
for complications with special reference to Appendicitis
Dr. D. J. Leithauser, Detroit, Michigan
Head Injuries.....Dr. S. W. Weaver

After Lunch go to the Youngstown Country Club—tee off at
this championship course at 1:30

Golf Prizes - Dinner 6:30 - Music-Entertainment
Jazzbo Band

Golf and Dinner Committee

Drs. R. R. Morrall and E. C. Baker

Dr. F. H. Simmerly, Sec'y, Internes' Reunion Committee

THE NEW HOUSING PROJECT

Representatives of opposing viewpoints as to the advisability of constructing an additional housing project by the Federal Government, met with your Society's Council at its meeting Monday evening, June 17th, 1940. In order that the entire Society may be informed as to the arguments, the editor requested Mr. Paul Strait, Director, Youngstown Metropolitan Housing Authority, who, with Mr. Jerry Hammond, defended the project, and Mr. T. Lamar Jackson, who as counsel for the Youngstown Real Estate Board, opposed it, to state their views in writing for use in the *Bulletin*. They submitted the following:

Mr. Strait's Statement

The trend of new residential construction in Youngstown since 1925 to the present, and through 1926 the greatest peak of residential building in the City's history indicates that housing has not been provided and cannot be furnished by private enterprise without some form of subsidy to families with incomes under \$1,500.00 per year. The average net construction cost for dwellings constructed by private enterprise in this city since 1925 is \$4,500.00 which includes only the *structure, heating, plumbing and electric wiring*. The amount of rent paid is a fairly accurate index of the actual housing conditions in any given city.

There are 3,000 families in Youngstown paying from \$12.50 to \$20.00 per month and 1,700 families paying from \$10.00 to \$12.50 per month—for what? For 1293 homes unfit for use and 9,492 without bathing facilities; 4,238 without indoor toilet facilities; 1,602 without running water; 1,481 without gas or electricity; 6,100 without central (furnace) heat; and 700 with none of the above facilities whatever.

The United States Public Health

Service in "Causal Factors of Infant Mortality" reports that there are 110 infant deaths per 1,000 live births in dwellings renting for \$15.00 per month. In dwellings which rent for \$100.00 per month the rate drops to 26 per 1,000 live births. In the highest economic areas there are 34 deaths from tuberculosis per 100,000 and in the lowest economic areas the rate jumps to 215 per 100,000. Where the average room density is less than one person per room, the infant death rate is 52.1 per 1,000 and where one to two persons occupy one room, the rate jumps to 94.9 per 1,000 and where two or more persons occupy a room the rate increases to 135.7 per 1,000 of live births.

In Youngstown more than 1,100 families are doubled up with others because decent housing is not available for rents they can afford to pay. Normally Youngstown, as well as other cities, should have a vacancy rate of at least 5% of the total dwellings in the city. This city has less than 1.7% vacant dwellings and no vacancies exist renting for less than \$20.00 per month. Families along the Sharon Line are now building shelters of store box construction on land they do not own and without securing building permits.

The Westlake Project was built by the Youngstown Metropolitan Housing Authority and is owned, operated and maintained by this Authority for families of low income. The average annual income for the first 300 families to occupy Westlake is \$795.00 per year which average is below the *bare subsistence level* in Youngstown. Average rentals now paid for housing unfit for use and for housing in need of major repairs is \$15.00 per month. The average rental for 618 Westlake apartments is \$12.43 per month. Families dependent on WPA for full and supplemental earnings; old age pension and blind pension

July

families and those dependent upon aid to dependent children are admitted to the Westlake Project, in addition to low wage earning families with incomes averaging \$785.00 per year.

Is it fair to say to a self-respecting family with growing children—citizens of tomorrow—you can only have what you can afford. You can have the miserable left-overs of the housing of past generations which has long since paid for itself and is no longer maintained and is a menace to the health, morals, and general well being of society, all because you can afford nothing better.

If this had been the philosophy of American life, we would not have had public education, good roads, parks and playgrounds, public health service, etc.

The whole cost to the U. S. Treasury to house one 4-person low income family for 30 years is *less than the cost of one broadside from the guns of our large battleships in target practice.*

GOOD HOMES IS AMERICA'S FIRST LINE OF DEFENSE.

Mr. Jackson's Statement

The Taxpayers' Protective Committee sponsored by The Youngstown Real Estate Board has opposed an additional Federal Housing Project in the City of Youngstown for reasons briefly summarized as follows:

1. The present housing plan does not eliminate slums, but merely scatters slum-dwellers throughout other parts of the city.

2. The Westlake Housing Project, although well managed, costs in excess of \$6,000 per five-room unit, without including land clearance and other preliminary expense. Our economy cannot now, and never has, sustained any such cost per family unit.

3. The introduction of the prin-

ciple of providing tax-free residential property for a small percentage of our people is not sound.

4. The initiation of the principle of socializing real estate, once established, cannot be limited.

5. Providing tax-free and subsidized housing for a few drives private capital from the rental field.

6. Placing the great weight of the Federal Government's wealth and power in the field of housing provides unfair competition.

7. Concentrating a large number of people in a small space is not sound. It may be necessary in large metropolitan centers, but it is not necessary in Youngstown with its vast amount of improved, unused property.

8. The proposed project places upon the City of Youngstown the burden of demolishing as many dwelling units as are built. The city has not been able to date, and will not be able, to live up to its part of the contract.

9. The whole plan of Federal Housing attempts to foresee over a period of sixty years the financial status of the Nation. Under present conditions it is impossible to foresee the fiscal status of this country for five years, let alone sixty.

10. If there is money available to assist in providing housing, it should be provided for those most in need and not for a cross-section of people with an income above the average.

The Committee respectfully submits that a fair examination of the proposed project will establish that it is economically, politically and socially unsound.

The Taxpayers' Protective Committee
Sponsored by the Youngstown Real
Estate Board

By T. Lamar Jackson.

THE MEDICAL CRIER

A Page of Sidelights, News and Views in the Medical Field

● The American Physician has no more convincing advocate or active champion than Dr. Haven Emerson, Professor of Public Health Practice at Columbia University. In this column we have often spoken slightly of professors with fantastic theories who are out of touch with the practical problems of medical care, but not so with Dr. Emerson. Hats off to him! At the hearings on the Wagner Bill before the Senate Committee on Labor and Education he was terrific. He gave them facts and figures to prove that American Medicine has been responsible for the best health record of any nation in the world. In a recent speech in Detroit he said: "If our people discontinued or merely cut in half their usual expenditures for alcohol, tobacco, chewing gum, coffee, tea and cosmetics they would have several times as much money in hand as would be needed to buy all the health and medical services they can get any benefit from. . . The easy American answer of to-day to all problems of public concern seems to be to pass a law authorizing the federal government to appropriate money to carry on functions on a national scale which the states and local communities have not thought to be of sufficient importance to justify their incurring indebtedness beyond the probable means of our own generation to meet out of their own local resources."

● County Medical Societies will have an important task in preparing for "M-Day" about which you will hear more soon. According to the plan prepared by the Surgeon General to procure professional personnel for the Medical Corps of the U. S. Army in the event of national emergency, each local society is expected

to canvass its members to determine those who are willing and able to serve. Those who are selected for military service as well as those who serve at home on examination boards will be taken from this group. Lists will be made up by the County Societies and forwarded to the State Medical Association which will inform the A. M. A. of the number of men available in each specialty. When the need for enlistments arises, the War Department will call on the A. M. A. for the number of physicians or specialists required. The A. M. A. will call on the various States according to their quotas and the State Societies in turn will call on its local Societies for their quotas of physicians. The idea is to distribute the professional load as equally as possible and prevent the stripping of rural and isolated communities of their necessary medical personnel.

● Hindsight is always better than foresight, and it is difficult to see the logic in the arguments of those who think we can best serve our country by plunging into any foreign war. We have only to use our hindsight and think back to the events just after the last war. Those who came back from it had lost all delusions about fighting to save Democracy. Try and think of one soldier or medical officer who would say he was willing to go back and do it again. A war to end all wars is futile, wishful thinking. Each one breeds more hate. Our place is here at home. Let us stay here and build up our defense, both military and economic. But above all let us not give up our liberty and establish a dictatorship in this country because of war hysteria. No matter who wins, every country involved in a war loses a great deal. Those who came back from the last one can tell you it isn't worth the cost.

—J. L. F.

July

NEWS and VIEWS

Mr. Nichols E. Lowell, 37 years of age, only brother of Mrs. M. P. Mahrer, (Wife of Dr. Mahrer) 361 Fairgreen Avenue died suddenly, presumably from coronary occlusion. Mr. Lowell was a pharmacist and at one time had a drug store in Cleveland. For the past ten years he represented the Upjohn Company in Akron. His widow and two sons survive.

Dr. W. E. Maine attended Dr. Winter's course in Hotel Cleveland during week June 5th.

Dr. and Mrs. L. J. Goldblatt motored east to join their daughter Lois Elaine, student at Vassar College, Poughkeepsie, N. Y., from there motored to Atlantic City for a week or ten days.

Mrs. Walter B. Turner and family, Sally, Helen, Grace, Bud and Jake are spending six weeks in Long Beach, California. Dr. Turner will join them later.

Dr. Armin Elsaesser has returned from an airplane trip to New York to see his son Armin Jr. before the latter's departure for Lisbon, Portugal, on the trans-Atlantic clipper. Mr. Elsaesser, who is third in command on the clipper ship, left for Europe Saturday the 15th.

Dr. Julia M. Baird was called to Canton, June 10th, due to the death of her brother Dr. Harry A. Marsh.

Dr. and Mrs. Wm. M. Skipp and their daughter Peggy, left by motor for New York City June 8th. Dr. Skipp will attend meetings of the A. M. A.

Dr. Betty Harmon of South Ave. Extension has been called to Norwalk by the serious illness of her sister-in-law, Mrs. Myrtle Jones, who frequently visited here.

Dr. and Mrs. Harry E. Fusselman and their sons, Randolph and Harry

Jr., Market St., are leaving for Ruggles Beach on Lake Erie July 1, to spend a month. Dr. Fusselman will take postgraduate work in Cleveland.

Dr. and Mrs. J. Clair Vance and son Jack, Lowellville, spent Wednesday at Pittsburgh. Dr. Vance attended staff and ex-intern day at the Allegheny General Hospital.

NURSING NOTES

Members of O. S. N. A. District No. 3 closed their activities for the summer with a picnic at Lake View Park, Ashtabula, Ohio, June 12. Ashtabula nurses exhibited their culinary skill for the guests who proved very responsive. Following, classmates and friends engaged in a period of reminiscing, together. District activities will be resumed in September.

Salem City Hospital School of Nursing held its commencement Thursday evening, June 27, at the Presbyterian Church. Five nurses were graduated. Miss Esther Wilson, R. N., is superintendent of the hospital.

The Nurses' Official Registry Office, 1316 Mahoning Bank Building, render a 24-hour service to the community. Elizabeth Evans, R. N., Charlotte Miller, R. N., and Helen Kump, R. N., deserve recognition for their willing assistance to doctors, nurses and residents of Youngstown and vicinity.

Youngstown Hospital Association's active obstetrical service reached the high total of 148 births for the month of June.

Dorothy Oswald has gone to Miami Valley Hospital, Dayton, Ohio, to receive instructions to operate the therapy machine that was recently presented to the Youngstown Hospital Association as a gift from the Disabled Veterans Association. She

will return to the South Side Unit August 1.

Members of the nursing staff from St. Elizabeth's Hospital attended a symposium on clinical teaching at Catholic University, Washington, D. C., June 26 and 27. Those who attended the meeting were: Sr. Germaine, Supt. of the Hospital; Sr. Margaret Louise, Clinical Instructor; Carmelita Knuff, Instructor of Nursing Arts; Ann Knote, Bessie Finnigan and Hilda Gherasin, head nurses.

Staff nurses of St. Elizabeth's Hospital Journal Club rounded out the year of study with relaxation at a picnic in Churchill Park. Everyone enjoyed themselves thoroughly.

Miss Irene Vassey is the nurse at Camp Yota for the summer.

Miss Florence Johnson is the nurse in charge of the health of children at Christ Mission Camp.

Members of the Youngstown Hospital School of nursing faculty who are attending school this summer are: Petra Orlando, Science teacher, at

Columbia University, New York; Winifred Bossert, Nursing Arts Teacher; Marie Fawcett, Night Supervisor, N. S. Unit, at Youngstown College; and Ethel Baksa, Asst. Head Nurse, at Catholic University, Washington, D. C.

Marriages

Mildred Keeling (St. Elizabeth's '35) and Thomas Carney, June 22.

Ann Parosky (St. Elizabeth's '37) and Joseph Dumont, June 19.

Marjorie Simpkins (Youngstown Hospital '33) and Dr. Richard Ruth, June 29.

Bernice Buschagen (Youngstown Hospital '33) and Raymond C. Davis, June 15.

Alice Danilov (Youngstown Hospital '37) and Paul Jones, June 15.

Births

Walter H. and Ruth McFarland Stere, a daughter, Margaret Ann.

Robert and Julia Daedo Sanders, a daughter, Marylin Joan.

David and Margaret Umphrey Cooper, a son, Richard Allen.

FINDINGS FROM THE FIELD

Medicine and the Administration of Justice

Alan R. Moritz, M. D., Harvard University School of Medicine, Boston, Mass.

(Bulletin, St. Louis Medical Society)

Throughout the civilized world, the medical investigation of deaths known or suspected of having resulted from a violent or unlawful act, is a function of government. Throughout most of the United States, the public official charged with this responsibility is the County Coroner. In some localities, the responsible office is that of Medical Examiner or Medical Referee. In still others, the medical investigator has no official status but is a private practitioner who is delegated to investigate any given death by the non-medical public official in whom such responsibility is vested. In most jurisdictions, regardless of what this official is called, there are no statutory provisions to

insure his competence for this highly-important work.

If the vital statistics of the Commonwealth of Massachusetts can be regarded as a representative sample of the country at large, it can be estimated that about twenty per cent of all deaths require official medico-legal investigation. Half of these, or ten per cent of the total, require investigation because they have occurred suddenly or from obscure causes. The possibility of death by violence or poisoning must be excluded before permission for burial can be granted. It is not feasible for the State to undertake to perform post-mortem examinations on the bodies

July

of all persons whose deaths have resulted from obscure causes, but for the State to ignore this group simply because there is no obvious evidence of foul play is an open invitation to the potential murderer. Many of those who die suddenly are "found dead" and frequently there is so little information available as to the cause, that no physician is competent to fill out a death certificate. This is particularly true if the deceased had not been under the previous care of a physician. Gonzales reports that of the cases of sudden death investigated by the New York Medical Examiner's office, there are discovered each year, approximately fifty cases of entirely unsuspected death by violence. In none were there grounds for suspecting unnatural causation until post-mortem examination had been performed. It is difficult to estimate the number of cases of homicide and fatal accident which escape notice each year in sections of the country where there is no official medical investigation of obscure deaths. It is likely that the number is large.

Approximately eight per cent of all deaths occurring each year in the United States require medico-legal investigation because they are known or presumed to have resulted from accidental, mechanical violence. A large proportion of these cases leads to litigation incident to the settlement of claims of civil liability or criminal responsibility. In addition to claims based on accident, personal indemnity, or workmen's compensation insurance, charges of criminal negligence may be made and it is essential in the interests of justice that the medical findings as to the true cause and circumstances of death be official and reliable.

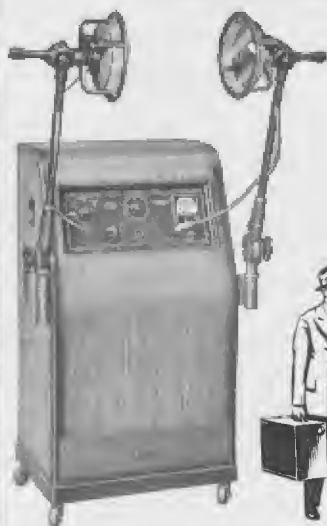
Frequently, such cases are straightforward and do not require post-mortem examination to establish the cause of death. The circumstances and external appearance may, however, be misleading. In Poland's

large series of cases, it was found that in about five per cent of all cases in which both the circumstances and clinical evidence indicated that death was due to violence, post-mortem examination disclosed that death actually resulted from natural causes. Many a man who collapses and dies as a result of heart disease or apoplexy, sustains a bump on the head or some other injury incident to his collapse. The injury is frequently entirely incidental, and may even be agonal or postmortem, but unless an autopsy is performed the death may be erroneously attributed to injury. It is likely that many innocent persons have been unjustly convicted of criminal charges or held liable for civil indemnity in cases of death which appeared to have resulted from violence, but which were in fact from natural causes.

Approximately two per cent of all deaths result from suicide or homicide. Such cases almost invariably require careful medico-legal examination if all of the facts required for the administration of justice are to be obtained. This is particularly true in cases in which there is doubt as to the circumstances of the injury or the identity of the criminal. The examination by a medico-legal expert, not only of the body, but also of the premises where it was found, together with the correlation of medical and non-medical evidence, is necessary if all of the available scientific data of evidential value are to be obtained. Observations incident to the medico-legal autopsy which are of no medical significance may be invaluable to the police in reconstructing the circumstances of death. Thus, the determination of the time of death, the kind of instrument or weapon used in the production of a fatal injury, the probable relative positions of the assailant and victim when the latter was injured, and other observations too numerous to mention are likely to constitute decisive evidence. It

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should be noted that the obtaining of information necessary in the administration of justice frequently requires that the investigator have special experience and training. Many of the post-mortem findings which are of great importance from a legal standpoint have little or no significance by ordinary medical standards, and are therefore frequently overlooked.

The administration of criminal justice in the United States is unique in that, with the exception of a few communities, it proceeds without the benefit of competent medical evidence as to the cause and circumstances of deaths of victims of illegal acts. In no other comparable country in the world, is this important branch of medical endeavor so undeveloped.

The development of legal medicine in America has been inhibited by our adherence to the coroner system. Under the coroner system, the medico-legal investigation of death due to violence or to obscure causes is usually the responsibility of an official whose qualifications are political rather than professional. In many jurisdictions he is not even a physician. In these circumstances, it is left to the judgment of a layman to determine whether death resulted from natural causes or not. If death was caused by violence, it rests with him to determine what if any medical examination should be made. The inadequacy of such a system is apparent without further comment.

The situation is only slightly better in communities in which the law requires that the investigator of death due to violence shall be a physician but fails to stipulate the qualifications of that physician. For well over fifty years, the medical profession has recognized that postmortem investigation is a specialized medical endeavor requiring special experience and training. The performance of an autopsy falls within the field of pathology. The statute defining the qualifications

of officials responsible for the medico-legal investigation of death were written before the field of pathology had developed. Although this fact explains the inadequacy of our laws, it does not excuse the perpetuation of an antiquated concept. Not only should the laws be modified so as to require that the public official responsible for the medico-legal investigation of death be a pathologist, but they should also provide that he be selected and retained in office on a basis of merit rather than politics. Continuity of experience is a prerequisite for competence in this specialized field of pathology and it cannot be had if the office is an elective one.

The ideal arrangement would be to abandon the county coroner system entirely and replace it by a state medical examiner's system by which experienced pathologists were selected and retained in office. The legal function of the coroner's office has long been recognized as archaic and the experience of the Commonwealth of Massachusetts, the City of New York, Essex County, New Jersey, and the State of Maryland with the medical examiner system attests to this fact.

Although it would be desirable to abandon the coroner system entirely, this may not be immediately feasible, particularly in States where constitutional amendment is a difficult procedure. In such instances, it would be better to compromise. One such compromise would be to establish within the State Government, a subsidiary of the Department of Public Health, Public Safety, or Justice, a division of Medico-Legal Pathology. Such a division might well be maintained in the State Medical College and it should be established on a non-political basis. Coroners should then be required to requisition the services of this newly-created office for the medical investigation of deaths known or suspected of having resulted from violence. Still another



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alternate method of improvement which would be applicable to metropolitan areas would be to establish within the office of the County Coroner, the positions of Chief, and Associate County Pathologists who would be selected and retained in office on a civil service basis. All of the professional work of the office would be referred to them and their tenure of office should be independent of political change.

When it is considered how important to the administration of justice the participation of medical science can be, and is in practically all of the countries of the civilized world except the United States, it is apparent that some changes must be made in our present system. The primary responsibility for initiating improvement rests with organized medicine. Organized medicine cannot afford to remain passive in the presence of a problem which is basically medical and which demands early solution.

Doctor's Day

The U. S. Senate has approved and sent to the House a resolution designating June 22 as Doctor's Day. If the House concurs, the physicians of the nation may have the pleasure, for one day at least, of receiving bouquets instead of brickbats from certain public officials and newspapers.

The practical *World-Telegram*, which apparently knows the state of medical practice these days, has proposed that grateful patients express their esteem with checks "for services rendered" rather than mere kind words. This suggestion has much to commend it.

Whether paid or merely patted on the back, however, physicians cannot but be pleased at being ranked with Mother and Father in having a special day set aside in their honor. This gesture of confidence and affec-

tion is the more gratifying in that it comes at a time when Congress is busy with grave problems of national defense and has little time for unessentials. Can it perhaps be deduced from this that, in spite of name-calling in certain quarters, the nation realizes that its doctors are not incidental cogs in its health machinery but the mainstay thereof?

The Insignificance of Masculinity

From Jackson Co. (Mo.) Medical Society
Bulletin

Recently, feeling editorially stale, a dead line hanging like old Damocles' sword above, wonderment arose as to whether it was all worth while. Why practice medicine if it is going to be spoiled anyway? Why work when you can go on relief or have an old age pension: and why eat, it only makes you fat, or why sleep, you soon have to get up? Why this, why that, came the questions until finally the pressing need for copy raised its demanding head again.

Another question arose. Well, why be an editor? Let someone else do the job, meet the dead line, read the proof, goad the co-editors and all the while sidestepping readers' toes like a dancing master with the hot foot. And whom would you pick as editor? No colleague in his right mind would touch the job. Well, then, where does one go when he wants to get rid of a thankless task? Could a woman do it? Why not? Here would be a splendid outlet for some repressed auxiliary member, shall we suggest one childless, dogless, and with a husband who does not understand her?

But pause a moment; would that be the manly thing to do, to throw in the sponge, shed duties, wail before one's task, and cast the burden upon weak woman, and retire into a purple mist of pessimism?

No, it is far better that the dominant sex carry on, suffer as it must. The male, destined to bear the bur-

Doctor's



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dens of a great world, must stand, be strong, valiant, dominate. A man is a man, a job is a job—the two were made for each other; the one without the other is unthinkable. The job must be held by the male in order that faith be kept in the glorious destiny that enables the male of the species to exist—selah!

Thus satisfied, an adjustment having been made to an intolerable situation, and fairly oozing with self-congratulatory masculinity, the editor commenced the perusal of a magazine of recent date. In it appeared the picture of a most admirable rabbit, but horrors, what is this—fatherless? No, it can not, and by the great god Priapus, it shall not be. But there, with all the authority of eight-point type were the shocking facts. At last parthenogenesis in the mammal has been accomplished. A rabbit ovum exposed only to high temperatures, hormone treatment, and hypertonic salt solution became fertilized, grew in vitro, was implanted in a host mother's reproductive tract, grew some more, and shades of Venus! matured, delivered, and has been photographed for our amazement. What is more, this ingenious doe, product of passion in crystal, has the usual feminine equipment of its species, and mated to a buck has reproduced her kind. Glass beads might easily have been anticipated, but grandpa-less bunnies actually came forth.

There goes your masculinity! Priapus has been cast out of the assembly of gods. In his place is enthroned the caloric, the hormone, the grain of salt. The traditional young sailor with a sweetheart in every port must now discover to his dismay that the advantage lies with the old salt rather than the able-bodied seaman. Masculinity seems doomed and the hormone will be heard on many a dim-lit street.

The flame of love is no new invention—poets have known it since the dawn of time. Can it be possible that

after all it is only a caloric bombardment which is important? It is all too confusing, and makes one feel so silly. Can it be that the male is not important? Maybe he should be abolished! And the Editor turned onto a new tack.

What have men really done if you discount their role in procreation? They have protected the female, certainly from other predatory males who temporarily were not in a protective mood. They have provided food, indeed as long as it was fun to hunt, but who goes to the grocery nowadays? They furnished shelter, possibly, but primitive women furnished the labor, and today who makes the final changes in the architect's plan? Men have been the artists and writers, but who has insisted that the world be beautiful and pleasant? Men have fought for women, ah yes, but was it really for women? Men have caused the problems, have started the wars, have fought them, have strutted, paraded and have been most manly, but have they ever done a thing to reduce the envy, hate, fear and savagery which characterizes even modern so-called civilization?

From whom arises the pity, the tenderness, the compassion in this world? Who wants peace; the adventurous youth shackled by duty but driven by his gonads, or the woman who brings forth men who are loved, cared for, and then slaughtered as the obvious end of their own mad schemes?

War is the one completely criminal act of the male, and to abolish war would be ample reason for man's annihilation. It will not happen, we know, but the lesson of the rabbit is one that we must not forget. Masculinity practically is of vital importance; experimentally it is apparently of scant significance. In a so-called civilized world and in an enlightened age we would do well to remember the experimental biologist and the philosophy his work engenders.

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Wise and Foolish Doctors

From Cincinnati Post

The House of Delegates, governing body of the Ohio State Medical Association, has taken a wise position by deciding to ask the Ohio Assembly to approve legislation permitting voluntary pre-paid medical service groups to be organized in this state.

The medical men have their choice of two policies. One, as some doctors are foolishly doing, is to denounce the very suggestion as "communistic" and "subversive." The other is to take heed of the growing public interest (hardly a demand as yet) in this question of spreading the burden of cost of medical care and attempt to provide a workable and equitable solution.

If any large number of citizens become convinced that there are better methods of paying for and insuring medical service for themselves and their families, it is not likely they will be frightened by name-calling.

The doctors who propose to meet this situation in an intelligent and coöperative manner are serving both their profession and their patients.

Fear As Propaganda

From New York Medical Week

Dr. S. Adolphus Knopf has rendered another great service to the American public by pointing out that it is being scared into certain steps against venereal disease by a gross and deliberate exaggeration of the latter's incidence. No one will deny the value of the current campaign against syphilis and gonorrhea, Dr. Knopf least of all. The point is whether a democratic people should act freely and with conviction, on the basis of realities, or be frightened

into doing things for its own good by magnification of a danger.

The American Social Hygiene Association, for example, bases its demands for action on an alleged survey revealing one person out of every twenty infected with syphilis. Contradicting this figure are New York City's syphilis rate of $1\frac{1}{2}$ per cent, demonstrated by actual serologic tests, and the admission of the U. S. Public Health Service that the rate for the entire country is probably something like 1 per cent. The highest proven figure so far is the $1\frac{3}{8}$ per cent positive rate for 141,148 premarital tests performed in New York City under the new state law.

The American Social Hygiene Association is not alone in seeking to effect admittedly desirable reforms through fear. The National Health Program and the Wagner National Health Bill which seek to implement it are based on the same tactics. An unreliable survey, carried out by unskilled investigators, first painted so black a picture of the nation's health as to make almost anything seem worth trying to remedy the situation.

Admitting the need for well considered change, the *New York Times* asks, in connection with this strategy of intimidation, "In the final account, does it get us on faster to paint an economic system in the darkest colors, to exaggerate the number and plight of its victims, to minimize its achievements?" To physicians who are interested in the mind as well as the body, it seems far better for man to be trained to act voluntarily, in accordance with clearly conceived realities, than to be goaded into even beneficial action by artificially created, exaggerated fears.

THE HIGH COST OF SPEEDING

Miles Per Hour	25 Miles per Hour	35 Miles per Hour	45 Miles per Hour	55 Miles per Hour	65 Miles per Hour
	1/2 Qt.	1 Qt.	1 1/4 Qts.	3 Qts.	4 1/2 Qts.
Oil13c	.25c	.43c	.75c	\$1.13
	50 Gals.	55 Gals.	60 Gals.	69 Gals.	80 Gals.
Gasoline	\$8.75	\$9.63	\$10.50	\$12.08	\$14.00
Tires	\$1.50	\$3.00	\$4.50	\$7.50	\$10.50
Maintenance ..	\$4.00	\$5.00	\$6.60	\$10.00	\$13.00
Total Cost ...	\$14.38	\$17.88	\$22.03	\$30.33	\$38.63
Cost per Mile..	\$1.44	\$1.79	\$2.20	\$3.03	\$3.86

Speed Increase	Cost per 1000 Miles	Time Saved	Cost per Hour Saved
35 to 45	\$4.15	6.4 Hours	\$.65
35 to 55	\$12.45	10.4 Hours	\$1.20
35 to 65	\$20.75	13.2 Hours	\$1.57
45 to 55	\$8.30	4.0 Hours	\$2.08
45 to 65	\$16.60	6.8 Hours	\$2.44
55 to 65	\$8.30	2.8 Hours	\$2.96

Above: This table shows various items of automobile expense at different rates of speed on a 1,000 mile trip in an average car, over average roads with an average driver.

Below: Note how little time is saved between driving 1,000 miles at 55 miles an hour and at 65 miles an hour. It's only two hours and 48 minutes. And for this time saving you pay \$7.29 in additional operating costs. Figures in both charts are from a study made by the Travelers Insurance Company.

—Motor Topics.

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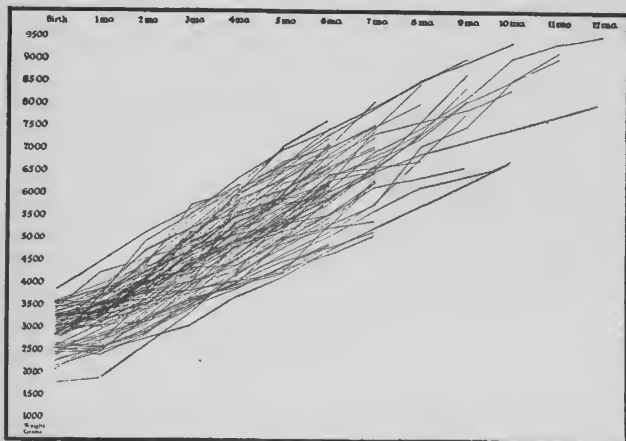
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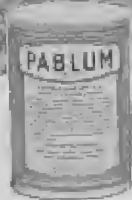
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